

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/16/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>BRYN MAWR VILLAGE</b>  STATE LICENSE NUMBER: <b>023402</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>773 E. HAVERFORD ROAD</b> <b>BRYN MAWR, PA 19010</b>		
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F 0000	INITIAL COMMENT	F 0000			
F 0835	Based on an Abbreviated Survey in response to two complaints, completed on March 16, 2023, it was determined that Bryn Mawr Village, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0835			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0835  SS=D	Continued from page 1  483.70 Administration  §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by:	F 0835	2567 Plan of correct for complaint visit on 3/16/2023: R1 no longer resides at the facility. An initial audit was done for the last 14 days from March 2 to March 14, 2023, to confirmed if missed nutritional supplements were not administered. DON/Designee will re-educate licensed nursing staff of the process of following physician orders regarding administration of nutritional supplements. DON/Designee will complete audits of "missed" nutritional supplements, weekly X 4 weeks, then monthly X 2. DON/Designee will present the findings of the audit to the monthly QA committee for review and further recommendations. Regional Director of Operations/designee will educate the NHA on their responsibilities to the facility, including supervision, administration & overall management of nursing service program & to ensure resident quality of care, uphold resident rights, effective staffing and the fiscal	Completion Date: <b>04/21/2023</b> Status: <b>APPROVED</b> Date: <b>03/31/2023</b>	

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F 0835  SS=D	<p>Continued from page 3</p> <p>Based on review of clinical record and staff interview, it was determined that the facility failed to provide completed documentation for one of three clinical records reviewed. (Resident R1)</p> <p>Findings include:</p> <p>Review of the clinical record for Resident R1 revealed that the resident was admitted to the facility on August 26, 2022, with the diagnoses of pneumonia (an inflammation of the lungs caused by a virus or bacteria), multiple myeloma (a cancer affecting white blood cells), dysphagia (difficulty with speech) and chronic right heart failure ( inadequate functioning of the right side of the heart muscle). The resident had a feeding tube to receive nutritional supplements. The resident was also prescribed medication for pain management. The resident was discharged from the facility on August 27, 2023.</p> <p>A review was conducted of the medication</p>	F 0835			

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F 0835  SS=D	Continued from page 4  administration record (MAR) for Resident R1. The review revealed that the resident was to be administered 360 milliliters of Nutren 1.5 fiber liquid (nutritional supplement) four times a day via G-tube (gastractive tube- a tube inserted through the belly that brings nutrition directly to the stomach). On August 26, 2022, a chart code of "9" was entered in the administration box for the nutritional supplement indicating that there was a nursing note providing an explanation. Further review of the clinical record did not find a nursing note related to the MAR entry regarding the nutritional supplement.  An interview was conducted with the Director of Nursing (DON) on March 16, 2023, at 1:00 p.m. The DON confirmed that there were no nursing notes in the closed clinical record for Resident R1 related to the MAR entry on August 26, 2022.  28 Pa Code: 211.5(f) Clinical records.  28 Pa Code: 211.12(d)(1) Nursing services.	F 0835			

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F 0835  SS=D	Continued from page 5	F 0835			



# Certified End Page

**BRYN MAWR VILLAGE**

**STATE LICENSE NUMBER: 023402**

**SURVEY EXIT DATE: 03/16/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY